



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Silva et al.

Attorney Docket No.:

IGT1P060X2/P-568-CIP2

Application No.: 10/661,404

Examiner: Not yet assigned

Filed: September 11, 2003

Group: Not yet assigned

Title: WIRELESS INPUT/OUTPUT AND  
PERIPHERAL DEVICES ON A GAMING  
MACHINE

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on January 9, 2004 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed: \_\_\_\_\_

Tara Hayden

**PRELIMINARY AMENDMENT**

Mail Stop Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Please amend the above-identified patent application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

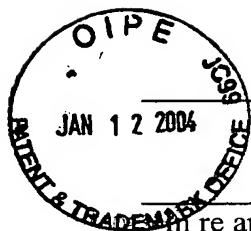
**Amendments to the Claims** are reflected in the listing of claims that begins on page 3 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.

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Signed: \_\_\_\_\_

Tara Hayden

**PRELIMINARY AMENDMENT TRANSMITTAL**

Mail Stop Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:


Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	48	MINUS	40	08	x 9 =	x 18 = 144.00
Independent Claims	03	MINUS	03	00	x 43 =	x 86 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$145.00	\$290.00
Total					\$	\$144.00

- ☐ Applicant(s) hereby petition for a \_\_\_\_\_ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☒ Enclosed is our Check No. 8489 in the amount of \$144.00 to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. IGT1P060X2).

Respectfully submitted,  
BEYER WEAVER & THOMAS, LLP

  
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